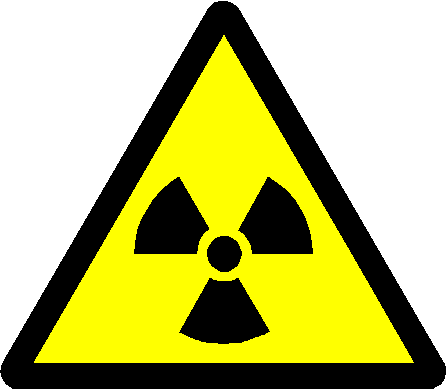
RADIATION

SUPERVISED AREA



**RISK OF RADIATION**



## NO ENTRY EXCEPT AUTHORISED PERSONS

|  |  |  |
| --- | --- | --- |
| **DEPARTMENT** | **:** |  |
| **RADIATION PROTECTION SUPERVISOR** | **:** |  |
| **AREA RADIATION SUPERVISOR** | **:** |  |
| **ROOM NUMBER** | **:** |  |
| **TYPE OF RADIATION SOURCE** | **:** |  |
| **DESCRIPTION OF SOURCE(S) OF IONISING RADIATION** | **:** |  |

THE PERSONS AUTHORISED TO WORK WITH THE RADIATION SOURCE(S) IS/ARE LISTED ON THE ACCOMPANYING NOTICE.

|  |  |
| --- | --- |
| Date of Issue: |  |